PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

		CLAIMS AS	•	SMALL ENTITY TYPE		OR	OTHER SMALL					
TOTAL CLAIMS			19				1	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC POE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			[9 minus 20= 1		* Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* C	* 0		X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	resent				+140=		OR	+28 0 =		
* 11	the difference	in column 1 is	less than zero, enter "0" in column 2			•	TOTAL	34	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	NTITY	OR.	OTHER SMALL	
_		(Column 1)		(CONTA		(Column 3)	'n r		ADDI-			ADOI-
ENTA		REMAINING AFTER AMENDMENT		NUM PREVIO PAIO	DUGLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	* 19	Minus	** 5	20	. —		X\$ 9=		OR	X\$18=	
AME	Independent	* 2 INTATION OF M	Minus	***	S CLAIM		$\left\{ \ \right\}$	X42≈ ~		OR	X84=	
_	TWISTPRESC	MACHON OF IM	JEYN CE DE!	LIVOLIV	00 4.14		لـ	+140=		OR	+280≖	
	-						,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Colu	mn 2)	(Column 3)_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	F CL ANA	- 	41	X42=		OR	X84=	
L	PIROT PRESE	MIATION OF IM	JUIT LE DEF	CINCEIN	CLAIM	<u> </u>	┙┃	+140=		OR	+280=	
	•							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	122
		(Column 1)		(Colu	mn 2)	(Column 3	<u>)</u>					
ENTC		OLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	1, 1
ME	Independent	*	Minus	***		-	┧╏	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1		·		 -	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADOM: TEST									OR	+280=	, A.	
***If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												
FORM PTO-875 (Flow 12/02) U.S. Government Printing Office: 2006 — 408-278/99/51 Palent and Tradement Office, U.S. DEPARTMENT OF COMMISSION												